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CONFIRMATION NO. 8526

<b>SERIAL NUMBER</b> 10/500,822	<b>FILING OR 371(c) DATE</b> 03/14/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 817.1009US
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**APPLICANTS**

Ehud Arbit, Tarrytown, NY;  
 Richat Abbas, Audubon, PA;  
 Michael Goldberg, Tarrytown, NY;  
 T. Cooper Woods, Tarrytown, NY;  
 Steven Dinh, Tarrytown, NY;  
 Vivien Wong, Scarsdale, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/00337 01/07/2003 which claims benefit of 60/346,746 01/07/2002 and claims benefit of 60/347,312 01/09/2002 and claims benefit of 60/368,617 03/29/2002 and claims benefit of 60/374,979 04/23/2002 and claims benefit of 60/389,364 06/17/2002 and is a CIP of 10/237,138 09/06/2002 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/12/2006

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 73	<b>INDEPENDENT CLAIMS</b> 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

23280

**TITLE**

Oral insulin therapy

<b>FILING FEE RECEIVED</b> 2502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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